



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Audits Branch - Southern Region
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015
Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Marvin J. Southard, D.S.W., Director
Los Angeles County Department of Mental Health
550 So. Vermont Avenue. 12th Floor
Los Angeles, CA 90020

Dear Dr. Southard:

AUDIT REPORT – MARTIN LUTHER KING JR./DREW MEDICAL CENTER

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Martin Luther King, Jr./Drew Medical Center, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.


The effect of this revised allowable program costs is as follows:

<u>Net Program Costs</u>			
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal – FFP	\$ 3,272,692	\$ 3,075,401	\$ (197,291)

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie P. Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

 Raquel E. Rios
WALTER J. HILL, Jr. MBA, EA
Chief

Raquel E. Rios
RAQUEL E. RIOS, Supervisor
Audits – Southern Region

Enclosures

CERTIFIED MAIL



Audits Branch – Southern Region
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650
Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Helen Jew, Head of State Reimbursement Section
Los Angeles County Department of Health Services
313 No. Figueroa Street, Room 426
Los Angeles, CA 90012

Dear Ms. Jew:

Attached is a copy of our audit report of your 2002-2003 Fiscal Year operation concerning the Short-Doyle/Medi-Cal program.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

A handwritten signature in black ink that reads "Raquel E. Rios". The signature is written in a cursive style with a large, looping "R" and a distinct "E".

RAQUEL E. RIOS
Audits Supervisor

Attachment

LOS ANGELES
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: MARTIN LUTHER KING/DREW MEDICAL CENTER
LEGAL ENTITY NUMBER: 00503

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COST</u>				
FEDERAL - FFP	(Sch. 2)	\$ <u>3,272,692</u>	\$ <u>(197,291)</u>	\$ <u>3,075,401</u>

**MARTIN LUTHER KING/DREW MEDICAL CENTER
LOS ANGELES COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

		Audit		
		As Settled	Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 3,187,272	\$ (414,252)	\$ 2,773,020
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	3,405,005	(9,657)	3,395,348
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 6,592,277</u>	<u>\$ (423,909)</u>	<u>\$ 6,168,368</u>
<u>Less: Patient & Other Payer Revenues</u>				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 177,867	\$ (14,179)	\$ 163,688
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	20,772	2,561	23,333
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 198,639</u>	<u>\$ (11,618)</u>	<u>\$ 187,021</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$ 3,009,405	\$ (400,073)	\$ 2,609,332
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)	3,384,233	(12,218)	3,372,015
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 6,393,638</u>	<u>\$ (412,291)</u>	<u>\$ 5,981,347</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Net Reimbursable Cost - FFP</u>				
36. Direct Services	(MH1979, Ln 16, 16A)	\$ 3,272,692	\$ (197,291)	\$ 3,075,401
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	0	0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	0	0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	0	0	0
42. Total - FFP		<u>\$ 3,272,692</u>	<u>\$ (197,291)</u>	<u>\$ 3,075,401</u>
Contract Maximum		<u>\$ 3,272,692</u>	<u>\$ 3,153,860</u>	<u>\$ 6,426,552</u>
Lower of Net Reimbursable Cost or Contract Maximum		<u>\$ 3,272,692</u>	<u>\$ (197,291)</u>	<u>\$ 3,075,401</u>
		(To Sch.1)		

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Martin Luther King, Jr./Drew Medical Center				00503	17	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
ADJUSTMENTS TO SETTLED COSTS							
1	MH 1961	1	B	Physician Costs - Administrative Days - 05/19	\$ 0	\$ (3,212)	\$ (3,212)
	MH 1961	2	B	Ancillary Costs - Administrative Days - 05/19	0	(1,997)	(1,997)
					<u>\$ 0</u>	<u>\$ (5,209)</u>	<u>\$ (5,209)</u>
				To adjust settled physician and ancillary costs to audited amount based on review of provider documents.			
2	MH 1964	2		Hospital Inpatient Services	\$ 10,458,385	\$ (5,210)	\$ 10,453,175
				To reflect the effect of cost adjustment on settled mode of service cost.			
3	MH 1991		G	Physician Costs - Administrative Days - 05/19	\$ 47,984	\$ (3,212)	\$ 44,772 *
	MH 1991		H	Ancillary Costs - Administrative Days - 05/19	23,659	(1,997)	21,662 *
					<u>\$ 71,643</u>	<u>\$ (5,209)</u>	<u>\$ 66,434</u>
				To reflect the effect of cost adjustments on settled physician and ancillary costs for inpatient administrative days.			
4	MH 1966	3	C	Gross Cost - 05/19	\$ 838,074	\$ (5,209)	\$ 832,865
				To adjust reported inpatient administrative days gross cost to reflect audit adjustment to physician and ancillary costs.			
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Martin Luther King, Jr./Drew Medical Center				00503	17	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				ADJUSTMENTS TO SETTLED COSTS, CONT'D.			
5	MH 1991		G	Physician Costs - Administrative Days - 05/19	** \$ 44,772	\$ 0	\$ 44,772
	MH 1991		H	Ancillary Costs - Administrative Days - 05/19	** 21,662	0	21,662
				To reflect audited physician and ancillary costs for each period of service on MH 1991.			
				ADJUSTMENTS TO SETTLED PATIENT STATISTICS			
6	MH 1966	2	B	Total Units 05/10	8,798	(135)	8,663
		2	C	Total Units 05/19	2,419	-	2,419
		2	B	Total Units 10/24	67,740	2,039	69,779
		2	B	Total Units 15/04	32,225	-	32,225
		2	C	Total Units 15/10	42,911	-	42,911
		2	D	Total Units 15/34	47,322	-	47,322
		2	E	Total Units 15/42	553,683	850	554,533
		2	F	Total Units 15/52	60,126	-	60,126
		2	G	Total Units 15/62	372,346	665	373,011
		2	H	Total Units 15/77	50,360	3,850	54,210
		2	B	Total Units 45/10	1,239	-	1,239
		2	C	Total Units 45/20	210	-	210
				To adjust reported total units of service to agree with RGMS 701 U-P.	<u>1,239,379</u>	<u>7,269</u>	<u>1,246,648</u>
7	MH 1966	8	Total	Medi-Cal Units @ 51.40%	199,221	1,269	200,490 *
	MH 1966	8A	Total	Medi-Cal Units @ 51.42%	470,311	4,479	474,790 *
	MH 1966	9	Total	Medicare/Medi-Cal Crossover Units @ 51.40%	754	(227)	527
	MH 1966	9A	Total	Medicare/Medi-Cal Crossover Units @ 51.42%	3,077	(1,540)	1,537
	MH 1966	10	Total	Enhanced - Children @ 65.88%	-	0	0
	MH 1966	10A	Total	Enhanced - Children @ 65.88%	-	0	0
	MH 1966	11	Total	Healthy Families Units @ 65.88%	-	0	0
	MH 1966	11A	Total	Healthy Families Units @ 65.88%	-	0	0
				Total	<u>673,363</u>	<u>3,981</u>	<u>677,344</u>
				To adjust settled Medi-Cal units of service to agree with State DMH approved units of service.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Entity Number		No. of Adj.		Fiscal Period Ended	
Martin Luther King, Jr./Drew Medical Center				00503		17		07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
ADJUSTMENTS TO SETTLED PATIENT STATISTICS, CONT'D.									
8	MH 1966	8	B	Medi-Cal Units @ 51.40%	**	200,490	(951)	199,539 *	
	MH 1966	8A	C	Medi-Cal Units @ 51.42%	**	474,790	(1,776)	473,014 *	
						<u>675,280</u>	<u>(2,727)</u>	<u>672,553</u>	
To adjust Medi-Cal units of service to include County edited invalid Medi-Cal approved units of service.									
9	MH 1966	8	B	Medi-Cal Units @ 51.40% 05/10		891	29	920	
	MH 1966	8A	B	Medi-Cal Units @ 51.42% 05/10		2,329	(70)	2,259	
	MH 1966	8	C	Medi-Cal Units @ 51.40% 05/19		346	(29)	317	
	MH 1966	8A	C	Medi-Cal Units @ 51.42% 05/19		925	70	995	
							<u>0</u>		
To adjust audited inpatient Medi-Cal units to agree with service function changes per County MHMIS report.									
10	MH 1966	8		Medi-Cal Units @ 51.40%	**	199,539	(13)	199,526 *	
	MH 1966	8A		Medi-Cal Units @ 51.42%	**	473,014	(150)	472,864 *	
						<u>672,553</u>	<u>(163)</u>	<u>672,390</u>	
To disallow approved inpatient Medi-Cal units for clients who are eligible for pregnancy and emergency services only and those without proof of eligibility. W. & I. Code Section 5719 and DMH Aid Code Master Chart.									
11	MH 1991		E	SD/MC Administrative Days		1,271	(143)	1,128	
To reflect the effect of Medi-Cal units of service audit adjustments on settled Medi-Cal Inpatient administrative days on form MH 1991.									
* Balance carried forward to subsequent adjustment.									
** Balance brought forward from prior adjustment.									

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Martin Luther King, Jr./Drew Medical Center				00503	17	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO SETTLED PATIENT STATISTICS, CONT'D.			
12	MH 1966	8A		Medi-Cal Units @ 51.42% To include August 2004 Medi-Cal Oversight disallowances to Medi-Cal services units.	** 472,864	(670)	472,194
13	MH 1966	8		Medi-Cal Units @ 51.40% To include April 2003 Medi-Cal Oversight inpatient day review adjustments less Medi-Cal exceptions. Title 9, Chapter 11, Section 1810.380.	** 199,526	(3,397)	196,129
				ADJUSTMENTS TO SETTLED REVENUES			
14	MH 1968	28	E	Patient and Other payor Revenues @ 51.40% - I/P	\$ 48,857	\$ (7,444)	\$ 41,413
	MH 1968	28A	E	Patient and Other Payor Revenues @ 51.42% - I/P	129,010	(6,735)	122,275
	MH 1968	28	G	Patient and Other Payor Revenues @ 51.40% - D.S.	5,341	642	5,983
	MH 1968	28A	G	Patient and Other Payor Revenues @ 51.42% - D.S.	13,846	1,835	15,681
	MH 1968	28	H	Patient and Other Payor Revenues @ 51.40% - O/P	489	11	500
	MH 1968	28A	H	Patient and Other Payor Revenues @ 51.42% - O/P	1,095	74	1,169
				Total	\$ 198,638	\$ (11,617)	\$ 187,021
				To adjust settled Patient & Other Payor revenues to agree with Medi-Cal share of revenue based on ratio of audited Medi-Cal cost to audited total cost.			
				SETTLEMENT ADJUSTMENTS			
15	MH 1979	23	J	Adjusted Total SD/MC Reimbursement (FFP)	\$ 3,272,692	\$ (197,291)	\$ 3,075,401
	MH 1979	27	J	Total Healthy Families Reimbursement	-	-	-
					\$ 3,272,692	\$ (197,291)	\$ 3,075,401
				To reflect the effect of audit adjustments on settled total Short-Doyle/Medi-Cal FFP reimbursement.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Martin Luther King, Jr./Drew Medical Center				00503	17	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				SETTLEMENT ADJUSTMENTS			
16	Sch 2			Contract Maximum	\$ 3,272,692	\$ 3,153,860	\$ 6,426,552
				To reflect County funds available to match Medi-Cal FFP.			
17	Sch 2			Lower of Net Reimburseable Cost or Contract Maximum	\$ 3,272,692	\$ (197,291)	\$ 3,075,401
				To reflect the lower of audited net reimbursable Medi-Cal FFP cost or contract maximum.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: MARTIN LUTHER KING/DREW MED		A	B	C
Legal Entity Number: 00503		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures		22,261,599	22,261,599
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments		22,261,599	22,261,599
6	Medi-Cal Adjustments from MH 1961			(5,209)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			22,256,390
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			22,256,390
19	Total Costs - Lines 9 through 18			22,256,390

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER		A	B	C
Legal Entity Number: 00503		Salaries and Benefits	Other	Total Adjustments
1	Physician Costs		(3,212)	(3,212)
2	Ancillary Costs		(1,997)	(1,997)
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(5,209)	(5,209)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER		A
Legal Entity Number: 00503		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	22,256,390
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	10,453,175
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	7,329,371
5	Outpatient Services (Mode 15 Program 1 + Program 2)	4,447,185
6	Outreach Services (Mode 45)	26,658
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	22,256,390

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: Los Angeles
County Code: 19

NR CR

Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER		A	B	C	D	E	F	G
Legal Entity Number: 00503			Service	Service	Service	Service	Service	Service
Mode: 05 - Hospital Inpatient (SFC 10-19)		Mode Total	Function	Function	Function	Function	Function	Function
			10	19				
1	Allocation Percentage	100.00%	92.03%	7.97%				
2	Total Units	11,082	8,663	2,419				
3	Gross Cost	10,453,175	9,620,310	832,865				
4	Cost per Unit		1,110.51	344.30				
5	SMA per Unit		838.20	235.96				
6	Published Charge per Unit		1,775.00	1,775.00				
7	Negotiated Rate / Cost per Unit		838.20	235.96				
8	Medi-Cal Units	07/01/02 - 09/30/02	907	774	133			
8A		10/01/02 - 06/30/03	3,054	2,059	995			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02	3	3				
9A		10/01/02 - 06/30/03	75	75				
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		7,043	5,752	1,291			
13	Medi-Cal Costs	07/01/02 - 09/30/02	898,752	859,531	39,221			
13A		10/01/02 - 06/30/03	2,580,330	2,286,531	293,799			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	687,988	648,767	39,221			
14A		10/01/02 - 06/30/03	2,019,653	1,725,854	293,799			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,413,071	1,373,850	39,221			
15A		10/01/02 - 06/30/03	3,948,524	3,654,725	293,799			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	687,988	648,767	39,221			
16A		10/01/02 - 06/30/03	2,019,653	1,725,854	293,799			
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	3,332	3,332				
17A		10/01/02 - 06/30/03	83,288	83,288				
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	2,515	2,515				
18A		10/01/02 - 06/30/03	62,865	62,865				
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	5,325	5,325				
19A		10/01/02 - 06/30/03	133,125	133,125				
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02	2,515	2,515				
20A		10/01/02 - 06/30/03	62,865	62,865				
21	Enhanced SD/MC (Children) Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		6,887,474	6,387,628	499,845			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: Los Angeles		NR						
County Code: 19								
Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER		A	B	C	D	E	F	G
Legal Entity Number: 00503		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services			24					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		69,779					
3	Gross Cost	7,329,371	7,329,371					
4	Cost per Unit		105.04					
5	SMA per Unit		82.94					
6	Published Charge per Unit		158.00					
7	Negotiated Rate / Cost per Unit		82.94					
8	Medi-Cal Units	07/01/02 - 09/30/02	4,526					
8A		10/01/02 - 06/30/03	11,579					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02	524					
9A		10/01/02 - 06/30/03	1,462					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		51,688					
13	Medi-Cal Costs	07/01/02 - 09/30/02	475,397	475,397				
13A		10/01/02 - 06/30/03	1,216,223	1,216,223				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	375,386	375,386				
14A		10/01/02 - 06/30/03	960,362	960,362				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	715,108	715,108				
15A		10/01/02 - 06/30/03	1,829,482	1,829,482				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	375,386	375,386				
16A		10/01/02 - 06/30/03	960,362	960,362				
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	55,039	55,039				
17A		10/01/02 - 06/30/03	153,564	153,564				
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	43,461	43,461				
18A		10/01/02 - 06/30/03	121,258	121,258				
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	82,792	82,792				
19A		10/01/02 - 06/30/03	230,996	230,996				
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02	43,461	43,461				
20A		10/01/02 - 06/30/03	121,258	121,258				
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		5,429,148	5,429,148				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: Los Angeles		NR		NR		NR		NR		NR		NR	
County Code: 19		NR		NR		NR		NR		NR		NR	
Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER		A		B		C		D		E		F	
Legal Entity Number: 00503		Mode Total		Service Function		Service Function		Service Function		Service Function		Service Function	
Mode: 15 - Outpatient (Program 1)				04		10		34		42		52	
1	Allocation Percentage	100.00%	1.67%	2.87%	3.16%	37.03%	4.02%	46.20%					
2	Total Units	1,164,338	32,225	42,911	47,322	554,533	60,126	373,011					
3	Gross Cost	4,447,185	74,409	127,632	140,752	1,646,848	178,836	2,054,682					
4	Cost per Unit		2.31	2.97	2.97	2.97	2.97	5.51					
5	SMA per Unit		1.77	2.28	2.28	2.28	2.28	4.23					
6	Published Charge per Unit		4.00	4.59	4.59	4.59	4.59	5.45					
7	Negotiated Rate / Cost per Unit		1.77	2.28	2.28	2.28	2.28	4.23					
8	Medi-Cal Units	07/01/02 - 09/30/02	190,696	5,765	9,137	5,130	86,236	14,351	62,697				
8A		10/01/02 - 06/30/03	457,561	15,599	28,044	27,814	197,498	26,532	139,034				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03											
11	Healthy Families (SED) Units	07/01/02 - 09/30/02											
11A		10/01/02 - 06/30/03											
12	Non-Medi-Cal Units		516,081	10,861	5,730	14,378	270,799	19,243	171,280				
13	Medi-Cal Costs	07/01/02 - 09/30/02	730,391	13,312	27,177	15,258	256,103	42,685	345,358				
13A		10/01/02 - 06/30/03	1,728,668	36,019	83,412	82,728	586,528	78,918	765,851				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	562,445	10,204	20,832	11,696	196,618	32,720	265,208				
14A		10/01/02 - 06/30/03	1,332,435	27,610	63,940	63,416	450,295	60,493	588,114				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	933,636	23,060	41,939	23,547	395,823	65,871	341,699				
15A		10/01/02 - 06/30/03	2,234,993	62,396	128,722	127,666	906,516	121,782	757,735				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	562,445	10,204	20,832	11,696	196,618	32,720	265,208				
16A		10/01/02 - 06/30/03	1,332,435	27,610	63,940	63,416	450,295	60,493	588,114				
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02											
17A		10/01/02 - 06/30/03											
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02											
18A		10/01/02 - 06/30/03											
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02											
19A		10/01/02 - 06/30/03											
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02											
20A		10/01/02 - 06/30/03											
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02											
21A		10/01/02 - 06/30/03											
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02											
22A		10/01/02 - 06/30/03											
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03											
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03											
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03											
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03											
29	Healthy Families Costs	07/01/02 - 09/30/02											
29A		10/01/02 - 06/30/03											
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02											
30A		10/01/02 - 06/30/03											
31	Healthy Families Published Charges	07/01/02 - 09/30/02											
31A		10/01/02 - 06/30/03											
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02											
32A		10/01/02 - 06/30/03											
33	Non-Medi-Cal Costs		1,988,126	25,079	17,043	42,765	804,217	57,235	943,473				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: Los Angeles		NR					
County Code: 19							
Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER		H	I	J	K	L	M
Legal Entity Number: 00503		Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function
		77					
1	Allocation Percentage	5.04%					
2	Total Units	54,210					
3	Gross Cost	224,026					
4	Cost per Unit	4.13					
5	SMA per Unit	3.41					
6	Published Charge per Unit	5.65					
7	Negotiated Rate / Cost per Unit	3.41					
8	Medi-Cal Units	07/01/02 - 09/30/02 7,380					
8A		10/01/02 - 06/30/03 23,040					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					
9A		10/01/02 - 06/30/03					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02					
10A		10/01/02 - 06/30/03					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03					
11	Healthy Families (SED) Units	07/01/02 - 09/30/02					
11A		10/01/02 - 06/30/03					
12	Non-Medi-Cal Units	23,790					
13	Medi-Cal Costs	07/01/02 - 09/30/02 30,498					
13A		10/01/02 - 06/30/03 95,214					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02 25,166					
14A		10/01/02 - 06/30/03 78,566					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02 41,697					
15A		10/01/02 - 06/30/03 130,176					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02 25,166					
16A		10/01/02 - 06/30/03 78,566					
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02					
17A		10/01/02 - 06/30/03					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02					
18A		10/01/02 - 06/30/03					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02					
19A		10/01/02 - 06/30/03					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02					
20A		10/01/02 - 06/30/03					
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02					
21A		10/01/02 - 06/30/03					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02					
22A		10/01/02 - 06/30/03					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02					
23A		10/01/02 - 06/30/03					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02					
24A		10/01/02 - 06/30/03					
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03					
29	Healthy Families Costs	07/01/02 - 09/30/02					
29A		10/01/02 - 06/30/03					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02					
30A		10/01/02 - 06/30/03					
31	Healthy Families Published Charges	07/01/02 - 09/30/02					
31A		10/01/02 - 06/30/03					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02					
32A		10/01/02 - 06/30/03					
33	Non-Medi-Cal Costs	98,314					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

County Code: 19		CR		CR				
Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER		A	B	C	D	E	F	G
Legal Entity Number: 00503		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			10	20				
1	Allocation Percentage	100.00%	86.10%	13.90%				
2	Total Units		1,239	210				
3	Gross Cost	26,658	22,952	3,706				
4	Cost per Unit		18.52	17.65				
5	Non-Medi-Cal Units		1,239	210				
6	Non-Medi-Cal Costs	26,658	22,952	3,706				

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER
Legal Entity Number: 00503

County Code: 19			REIMBURSEMENT TYPE				SMA		SMA		Costs					
Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER			A	B	C	D	E	F	G	H	I	J	K			
Legal Entity Number: 00503			Mode 55 S.F.'s 01-09		S.F.'s 11-19		S.F.'s 21-29		Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10 Program (1)	Mode 15 Program (2)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02							898,752			475,397	730,391	1,205,788		1,205,788
1A		10/01/02 - 06/30/03							2,580,330			1,216,223	1,728,668	2,944,891		2,944,891
2	Medi-Cal SMA	07/01/02 - 09/30/02							687,988			375,386	562,445	937,832		937,832
2A		10/01/02 - 06/30/03							2,019,653			960,362	1,332,435	2,292,797		2,292,797
3	Medi-Cal P. C.	07/01/02 - 09/30/02							1,413,071			715,108	933,636	1,648,744		1,648,744
3A		10/01/02 - 06/30/03							3,948,524			1,829,482	2,234,993	4,064,475		4,064,475
4	Medi-Cal N. R.	07/01/02 - 09/30/02							687,988			375,386	562,445	937,832		937,832
4A		10/01/02 - 06/30/03							2,019,653			960,362	1,332,435	2,292,797		2,292,797
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							687,988			375,386	562,445	937,832		937,832
5A		10/01/02 - 06/30/03							2,019,653			960,362	1,332,435	2,292,797		2,292,797
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02							3,332			55,039		55,039		55,039
6A		10/01/02 - 06/30/03							83,288			153,564		153,564		153,564
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02							2,515			43,461		43,461		43,461
7A		10/01/02 - 06/30/03							62,865			121,258		121,258		121,258
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02							5,325			82,792		82,792		82,792
8A		10/01/02 - 06/30/03							133,125			230,996		230,996		230,996
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02							2,515			43,461		43,461		43,461
9A		10/01/02 - 06/30/03							62,865			121,258		121,258		121,258
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02							2,515			43,461		43,461		43,461
10A		10/01/02 - 06/30/03							62,865			121,258		121,258		121,258
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							690,502			418,847	562,445	981,292		981,292
11A		10/01/02 - 06/30/03							2,082,518			1,081,621	1,332,435	2,414,056		2,414,056
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02														
12A		10/01/02 - 06/30/03														
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02														
13A		10/01/02 - 06/30/03														
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02														
14A		10/01/02 - 06/30/03														
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02														
15A		10/01/02 - 06/30/03														
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02														
16A		10/01/02 - 06/30/03														
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03														
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03														
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03														
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03														
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/02 - 09/30/02							690,502			418,847	562,445	981,292		981,292
21A		10/01/02 - 06/30/03							2,082,518			1,081,621	1,332,435	2,414,056		2,414,056
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03														
23	Healthy Families Cost	07/01/02 - 09/30/02														
23A		10/01/02 - 06/30/03														
24	Healthy Families SMA	07/01/02 - 09/30/02														
24A		10/01/02 - 06/30/03														
25	Healthy Families P. C.	07/01/02 - 09/30/02														
25A		10/01/02 - 06/30/03														
26	Healthy Families N. R.	07/01/02 - 09/30/02														
26A		10/01/02 - 06/30/03														
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02														
27A		10/01/02 - 06/30/03														
Less: Patient and Other Payor Revenues																
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02							41,413			5,993	500	6,483		6,483
28A		10/01/02 - 06/30/03							122,275			15,681	1,169	16,850		16,850
29	Enhanced SD/MC (Children) Revenues															
30	Enhanced SD/MC (Refugees) Revenues															
31	Healthy Families Revenues															
32	Total Expenditures from MAA (Mode 55)															
33	Medi-Cal Eligibility Factor (Average)															
34	Revenue - MAA															
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02							649,089			412,864	561,945	974,809		974,809
35A		10/01/02 - 06/30/03							1,960,243			1,065,940	1,331,266	2,397,206		2,397,206
36	Net Due - Enhanced SD/MC (Refugees)															
37	Net Due - Healthy Families	07/01/02 - 09/30/02														
37A		10/01/02 - 06/30/03														
Amount Negotiated Rates Exceed Costs																
38	SD/MC (Includes Children)	07/01/02 - 09/30/02														
38A		10/01/02 - 06/30/03														
39	Enhanced SD/MC (Refugees)															
40	Healthy Families	07/01/02 - 09/30/02														
40A		10/01/02 - 06/30/03														

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1970 (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: Los Angeles
County Code: 19
Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER
Legal Entity Number: 00503

Model: 16 - Day Services										A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U			
Data Type										SDMC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SDMC + Crossover Gross Reimbursement Costs Using SMA Upper Limits From MH1998 MODE10				Med-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars						
Source Formula										From MH1901 Schedule B Supplemental			Calculated		From MH1998 MODE10				From MH1901 Schedule B				Calculated				Calculated						
Period													B / (B + C)	C / (B + C)	(D * I)				(E * I)				(F * J)				(G - K)	(H - L)	(Q + P)	(51.40% * N)	(50.00% * O)	(54.35% * P)	(S * T)
										1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 09/30/03	Total 2nd Period FFP \$ 04/01/02 - 09/30/03			
MH1998 Cost Report Column	MH1901 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function		Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 09/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 09/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 09/30/03	Costs 10/01/02 - 09/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 09/30/03	Revenue 10/01/02 - 09/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 09/30/03	Net Costs 10/01/02 - 09/30/03	1st Period FFP % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%								
B	3	NR	10	24		5,050	7,843	5,198	60.14%	39.86%	418,847	850,498	431,122	1,081,621	5,983	9,431	6,250	15,681	412,864	841,068	424,872	1,085,940	212,212	320,534	230,918	551,452							
Totals											418,847	850,498	431,122	1,081,621	5,983	9,431	6,250	15,681	412,864	841,068	424,872	1,085,940	212,212	320,534	230,918	551,452							
Equivalent values from MH1998											418,847			1,081,621	5,983			15,681															

DETERMINATION OF SDMC + CROSSOVER FFP DOLLARS
MH 1976 (10/04)

Fiscal Year: 2002-2003

County: Los Angeles
County Code: 19
Legal Entity: MARTIN LUTHER KING/OREW MEDICAL CENTER
Legal Entity Number: 00503

Mode: 16 - Outpatient (Program 1)										A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U											
Data Type										SDMC + Crossover Units				Breakdown of 2nd Period Units as a Percentage				SDMC + Crossover Gross Reimbursement Costs Using SMA Upper Limits				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars											
Source										From MH1901, Schedule B, Supplemental				Calculated				From MH1966, MODELS (1)				From MH1901, Schedule B				Calculated				Calculated											
Formula										B / (B + C)				C / (B + C)				(D * I)				(E * I)				(F - J)				(G - K)				(H - L)				(O + P)			
Period										1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 09/30/03	Total 2nd Period FFP \$ 04/01/02 - 09/30/03							
MH1966 Cost Report Column	MH1901 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 09/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 09/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 09/30/03	Costs 10/01/02 - 09/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 09/30/03	Revenue 10/01/02 - 09/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 09/30/03	Net Costs 10/01/02 - 09/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %																	
B	4	NR	15	04	5,785	13,284	2,305	85.22%	14.78%	10,204	23,530	4,090	27,610					10,204	23,530	4,090	27,610	51.40%	50.00%	54.35%																	
C	5	NR	15	10	9,137	22,929	5,115	81.76%	18.24%	20,832	52,278	11,862	63,940					20,832	52,278	11,862	63,940																				
D	6	NR	15	34	5,130	22,309	5,506	80.21%	19.79%	11,698	50,865	12,551	63,418					11,698	50,865	12,551	63,418																				
E	7	NR	15	42	85,238	198,043	31,455	84.07%	15.93%	198,818	378,578	71,717	450,295	500		983	186	1,189	198,118	377,595	71,531	449,126																			
F	8	NR	15	52	14,351	22,280	4,272	83.90%	16.10%	32,720	50,753	9,740	60,493					32,720	50,753	9,740	60,493																				
G	9	NR	15	62	82,887	118,889	20,345	85.37%	14.63%	285,208	502,054	88,059	588,114					285,208	502,054	88,059	588,114																				
H	10	NR	15	77	7,380	17,085	5,955	74.15%	25.85%	25,198	58,280	20,307	78,598					25,198	58,280	20,307	78,598																				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER

Legal Entity Number: 00503		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
Formula		Column N	Column Q	Column R	Column U		
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
Mode		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
1	05 - Hospital Inpatient (SFC 10-19)	649,089	1,960,243	333,632	1,014,239		
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	412,864	1,065,940	212,212	551,452		
4	15 - Outpatient (Program 1)	561,945	1,331,266	288,840	675,026		
5	15 - Outpatient (Program 2)						
6	Totals	1,623,898	4,357,449	834,684	2,240,717		
7	Totals from MH1979	1,623,898	4,357,449	834,684	2,240,717		
8	Effective SD/MC FFP %					51.40%	51.42%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

		FFP % Source: MH1978 E8		FFP % Source: MH1978 F8							
Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER		F		G		H		I		J	
Legal Entity Number: 00503		50% FFP		51.40% FFP		51.42% FFP		Variable % FFP		75% FFP	
		Total MAA		Total Inpatient		Total Outpatient		Total		Total FFP	
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement										
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement										
4	Medi-Cal Administrative Reimbursement Limit										
5	Medi-Cal Administration										
6	Medi-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)										
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02		649,089		974,809		1,623,898		834,684	
16A		10/01/02 - 06/30/03		1,960,243		2,397,206		4,357,449		2,240,717	
17	Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02									
17A		10/01/02 - 06/30/03									
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP									3,075,401	
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)									3,075,401	
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)									3,075,401	
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02									
24A		10/01/02 - 06/30/03									
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 CALCULATION OF SHORT-DOYLE/MEDI-CAL
 FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS
 MH 1991 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

COUNTY NAME: Los Angeles		LEGAL ENTITY			NAME: MARTIN LUTHER KING/DREW MEDICAL CENTER			
COUNTY CODE: 19					NUMBER: 00503			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC	19531	\$231.30	07/01/02 - 07/31/02	10	\$ 2,313	\$397	\$192	\$2,902
	19531	\$236.38	08/01/02 - 09/30/02	123	\$ 29,075	\$4,882	\$2,362	\$36,319
	19531	\$236.38	10/01/02 - 12/31/02	364	\$ 86,042	\$14,448	\$6,990	\$107,480
	19531	\$236.38	01/01/03 - 06/30/03	631	\$ 149,156	\$25,045	\$12,118	\$186,319
							Sub Total:	\$ 333,020
Children EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Refugees EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Healthy Families		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
GRAND TOTAL					\$ 266,586	\$ 44,772	\$ 21,662	\$ 333,020